MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/516●●●●	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/	X				52						
3		②					53						
4		③					54						
5		④					55						
6		⑤					56						
7		⑥					57						
8			/				58						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/	↓	/	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	7	←	6	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	8		7				TOTAL CLAIMS						

PTO-1360 (REV. 9/03)

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